

HEARING OR SPEECH IMPAIRED MONTHLY SURCHARGE REMITTANCE FORM

Mail or Deliver Hard Copy to:
Secretary, Public Service Commission
Heber M. Wells Building
160 E 300 S Suite 400
Salt Lake City, Utah 84111

Company or Carrier Name: _____

Utah Business Entity Number: _____

Reporting Person: _____

Telephone Number: _____

Statement Remittal Date: _____

Report Period From: _____ **To:** _____

1. Taxable Access Lines	\$
2. Surcharges Billed @ \$0.10 Per Access Line	\$
3. Less: Administrative Cost	\$
4. Other Adjustments	\$
<u>Total Surcharges Remitted this Period</u> <u>Attach check for this amount.</u>	\$

Note: Adjustments for uncollectibles, service adjustments, rebills , etc.
Surcharge subject to adjustments by future Commission orders.

I hereby declare that I prepared the above report, and certify it to be correct to the best of my knowledge.

Approved by _____ **Date** _____

Rule R746-343-15. Rule for Deaf, Severely Hearing or Speech Impaired Person.

- A. The surcharge will be placed on access lines as determined by the count of main stations or its equivalent.
- B. The surcharge established by the Commission in accordance with Subsection 54-8b-10(4) is \$.10.
- C. Subject to Subsection R746-343-15(D), the telephone surcharge will be collected by each local exchange company providing basic service in Utah and submitted, less administrative cost, to the Public Service Commission on a quarterly basis.
- D. The provider will submit its budget for annual review by the Public Service Commission.
- E. The telephone surcharge need not be collected by a local exchange company if the amount collected would be less than the actual administrative costs of that collection. In that case, the local exchange company shall submit to the Commission, in lieu of the revenue from the surcharge collection, a breakdown of the anticipated costs and the expected revenue from the collection showing that the costs exceed the revenue.